

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NAIOP-PAC

ADDRESS (number and street)

2201 COOPERATIVE WAY 3RD FLOOR

☐ Check if different than previously reported. (ACC)

HERNDON

VA

20171

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00233304

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Elizabeth R. Greene

Signature of Treasurer

Mrs. Elizabeth R. Greene

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAIOP-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">132348.26</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">178686.75</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9580.00</span>	<span style="border: 1px solid black; padding: 2px;">97220.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">188266.75</span>	<span style="border: 1px solid black; padding: 2px;">229568.26</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">48256.86</span>	<span style="border: 1px solid black; padding: 2px;">89558.37</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">140009.89</span>	<span style="border: 1px solid black; padding: 2px;">140009.89</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAIOP-PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
06 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9135.00

91660.00

(ii) Unitemized .....

445.00

5560.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

9580.00

97220.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

9580.00

97220.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

9580.00

97220.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

9580.00

97220.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	256.86	1558.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	256.86	1558.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	88000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48256.86	89558.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48256.86	89558.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9580.00	97220.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9580.00	97220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	256.86	1558.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	256.86	1558.37

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Unless otherwise noted, all committee receipts to the NAIOP-PAC come from permissible sources. Before a receipt is accepted by our committed it goes through a pre-approval process that only allows acceptance of funds from a qualified partnership or LLC. Funds are not allowed and never accepted if drawn from a corporate account.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Manol Andonyadis**

Mailing Address 14026 Thunderbolt PI Ste 100

City State Zip Code  
 Chantilly VA 20151-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECS Mid-Atlantic, LLC

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 09 / 2015

Transaction ID : SA11AI.15183

Amount of Each Receipt this Period

50.00

PAC Contribution/ECS Mid-Atlantic, LLC

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Ascent Real Estate Advisors, LLC**

Mailing Address 955 East Arques

City State Zip Code  
 Sunnyvale CA 94085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ascent Real Estate Advisors, LLC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 01 / 2015

Transaction ID : SA11AI.15161

Amount of Each Receipt this Period

95.00

PAC Contribution/John Porges

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Chappell**

Mailing Address 9334 S. Targhee Drive

City State Zip Code  
 West Jordan UT 84088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arden Realty

Occupation  
Leasing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 06 / 2015

Transaction ID : SA11AI.15194

Amount of Each Receipt this Period

500.00

NAIOP-PAC Board Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

595.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

## **A. ECS Mid-Atlantic, LLC**

Mailing Address 14026 Thunderbolt PI Ste 100

City State Zip Code  
 Chantilly VA 20151-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ECS Mid-Atlantic, LLC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : SA11AI.15182**

Amount of Each Receipt this Period

50.00

PAC Contribution/Manol Andonyadis

Full Name (Last, First, Middle Initial)

## **B. Ms. Cynthia Keliher**

Mailing Address 265 Franklin Street

City State Zip Code  
 Boston MA 02110-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 McCarter & English, LLP

Occupation  
 Partner/Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 09 / 2015

**Transaction ID : SA11AI.15169**

Amount of Each Receipt this Period

200.00

PAC Contribution/McCarter & English, LLP

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. KiserVogrinDesign**

Mailing Address 619 Bradley Ct

City State Zip Code  
 Franklin TN 37067-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KiserVogrinDesign

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : SA11AI.15179**

Amount of Each Receipt this Period

95.00

PAC Contribution/Gary Vogrin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Larry A. Lance**

Mailing Address 165 South Union Blvd.  
Suite 510

City State Zip Code  
Lakewood CO 80228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alliance Commercial Partners

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 08 / 2015

Transaction ID : SA11AI.15195

Amount of Each Receipt this Period

5000.00

Trustee Contribution

Full Name (Last, First, Middle Initial)

## **B. Lease Crutcher Lewis**

Mailing Address 921 SW Washington  
Suite 150

City State Zip Code  
Portland OR 97205-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lease Crutcher Lewis

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 08 / 2015

Transaction ID : SA11AI.15164

Amount of Each Receipt this Period

50.00

PAC Contribution/Paul Riso

Full Name (Last, First, Middle Initial)

## **C. Mr. Steve D. Martin**

Mailing Address 1197 Peachtree Street, NE  
Plaza Level, Ste. 562

City State Zip Code  
Atlanta GA 30361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Granite Properties

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 03 / 2015

Transaction ID : SA11AI.15216

Amount of Each Receipt this Period

1500.00

PAC Contribution/McEachern Investments LLC

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

## **A. McCarter & English, LLP**

Mailing Address 265 Franklin Street

City

Boston

State

MA

Zip Code

02110-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McCarter & English, LLP

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 09 / 2015

Transaction ID : SA11AI.15167

Amount of Each Receipt this Period

200.00

PAC Contribution/Cynthia Keliher

Full Name (Last, First, Middle Initial)

## **B. Steven McCraney**

Mailing Address 7 Wycliff Road

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McCraney Property Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 02 / 2015

Transaction ID : SA11AI.15196

Amount of Each Receipt this Period

500.00

NAIOP-PAC Board Contribution

Full Name (Last, First, Middle Initial)

## **C. McEachern Investments LLC**

Mailing Address 1349 W Peachtree Street  
Suite 1100

City

Atlanta

State

GA

Zip Code

30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 03 / 2015

Transaction ID : SA11AI.15214

Amount of Each Receipt this Period

1500.00

PAC Contribution/Steve Martin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jon C. Napper**

Mailing Address 4611 Beverly Drive

City  
DallasState  
TXZip Code  
75209-6005FEC ID number of contributing  
federal political committee.

C

Name of Employer

Courtland Development L.C.

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : SA11AI.15197**

Amount of Each Receipt this Period

1000.00

NAIOP-PAC Board Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. John A. Porges**

Mailing Address 955 E Arques Ave

City  
SunnyvaleState  
CAZip Code  
94085-4521FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ascent Real Estate Advisors, LLC

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

**Transaction ID : SA11AI.15163**

Amount of Each Receipt this Period

95.00

PAC Contribution/Ascent Real Estate Advisors, LLC

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Mr. Paul Riso**Mailing Address 600 SW 10th Avenue  
Suite 310City  
PortlandState  
ORZip Code  
97201-0000FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lease Crutcher Lewis

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : SA11AI.15165**

Amount of Each Receipt this Period

50.00

PAC Contribution/Lease Crutcher Lewis

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Brian Runberg**

Mailing Address One Yesler Way # 200

City State Zip Code  
 Seattle WA 98104-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Runberg Architecture Group, PLLC

Occupation  
 Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.15187

Amount of Each Receipt this Period

95.00

PAC Contribution/Runberg Architecture Group, PLLC

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Runberg Architecture Group, PLLC**

Mailing Address One Yesler Way #200

City State Zip Code  
 Seattle WA 98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Runberg Architecture Group, PLLC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.15185

Amount of Each Receipt this Period

95.00

PAC Contribution/Brian Runberg

Full Name (Last, First, Middle Initial)

## **C. Mr. Gary Vogrin**

Mailing Address 5005 Meridian Blvd Ste 100

City State Zip Code  
 Franklin TN 37067-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 KiserVogrinDesign

Occupation  
 Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

06 / 03 / 2015

Transaction ID : SA11AI.15181

Amount of Each Receipt this Period

95.00

PAC Contribution/KiserVogrinDesign

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen Taylor Williams Jr.**

Mailing Address 433 Roslyn Rd

City

Winston-Salem

State

NC

Zip Code

27104-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Williams Development Group

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.15191

Amount of Each Receipt this Period

50.00

PAC Contribution/Williams Development Group

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Williams Development Group**

Mailing Address 433 Roslyn Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Williams Development Group

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.15189

Amount of Each Receipt this Period

50.00

PAC Contribution/Stephen Williams

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

9135.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. ALAMO PAC**Mailing Address 919 CONGRESS AVENUE  
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name

**ALAMO PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

**Transaction ID : SB23.15203**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  
Contribution

Candidate Name

**ANN WAGNER FOR CONGRESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.15226**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Contribution

Candidate Name

**BRADY FOR CONGRESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.15220**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD NORCROSS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2015

Mailing Address PO BOX 160

City	State	Zip Code
COLLINGSWOOD	NJ	08108

**Transaction ID : SB23.15207**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**DONALD NORCROSS FOR CONGRESS**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 01

Full Name (Last, First, Middle Initial)

**B. EDPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2015

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City	State	Zip Code
WASHINGTON	DC	20003

**Transaction ID : SB23.15200**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**EDPAC**Category/  
Type

1500.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FEARLESS PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

Mailing Address PO BOX 37

City	State	Zip Code
BOULDER	CO	80306

**Transaction ID : SB23.15227**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**FEARLESS PAC**Category/  
Type

2500.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NAIOP-PAC

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROY BLUNT**Mailing Address PO Box 50100  
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
Contribution

Candidate Name

FRIENDS OF ROY BLUNT

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SB23.15223

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution

Candidate Name

GRASSLEY COMMITTEE

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SB23.15199

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Contribution

Candidate Name

KEVIN MCCARTHY FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : SB23.15209

Amount of Each Disbursement this Period

5000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name

**KIND FOR CONGRESS COMMITTEE**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: WI District: 03

**Transaction ID : SB23.15210**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LEAD YOUR NATION NOW PAC (LYNN PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
Contribution

Candidate Name

**LEAD YOUR NATION NOW PAC (LYNN PAC)**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	---	--

State: District:

**Transaction ID : SB23.15221**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Contribution

Candidate Name

**LISA MURKOWSKI FOR US SENATE**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: AK District: 00

**Transaction ID : SB23.15202**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. MARIO DIAZ-BALART FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address 95 Merrick Way, Suite 250

City	State	Zip Code
Coral Gables	FL	33134

**Transaction ID : SB23.15225**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**MARIO DIAZ-BALART FOR CONGRESS**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 25	

Full Name (Last, First, Middle Initial)

**B. MIKE CRAPO FOR US SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Mailing Address PO BOX 1948

City	State	Zip Code
BOISE	ID	83701

**Transaction ID : SB23.15208**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**MIKE CRAPO FOR US SENATE**Category/  
Type

2500.00
---------

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: ID	District: 00	

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address PO BOX 3986

City	State	Zip Code
WASHINGTON	DC	20027

**Transaction ID : SB23.15211**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**ORRINPAC**Category/  
Type

2500.00
---------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City	State	Zip Code
ROSWELL	GA	30077

Purpose of Disbursement  
Contribution

Candidate Name

**PRICE FOR CONGRESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.15224**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement  
Contribution

Candidate Name

**RICHARD BURR COMMITTEE; THE**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SB23.15218**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ROCK CITY PAC**

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City	State	Zip Code
FRANKLIN	TN	37069

Purpose of Disbursement  
Contribution

Candidate Name

**ROCK CITY PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

**Transaction ID : SB23.15205**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NAIOP-PAC**

Full Name (Last, First, Middle Initial)

**A. WALDEN FOR CONGRESS INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

**Transaction ID : SB23.15206**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**WALDEN FOR CONGRESS INC**Category/  
Type

1500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 02

Full Name (Last, First, Middle Initial)

**B. WESTMORELAND FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address P.O. Box 458

City	State	Zip Code
Sharpsburg	GA	30277

**Transaction ID : SB23.15229**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**WESTMORELAND FOR CONGRESS**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 08

Full Name (Last, First, Middle Initial)

**C. WHITFIELD FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

**Transaction ID : SB23.15217**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**WHITFIELD FOR CONGRESS COMMITTEE**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
48000.00